

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2011

FORM APPROVED

OMB NO. 0938-0391

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|---|--|--|--|---|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION     |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>155072 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____                    |   | X3) DATE SURVEY<br>COMPLETED<br>11/01/2011 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>BEECH GROVE MEADOWS |  |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2002 ALBANY ST<br>BEECH GROVE, IN46107 |   |  |                            |
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| F0000   | <p>This visit was for the Investigation of Complaint IN00097472.</p> <p>Complaint IN00097472 substantiated, federal/state deficiencies related to the allegations are cited at F425, F431, and F514.</p> <p>Survey dates: October 31 and November 1, 2011</p> <p>Facility number: 000029<br/>Provider number: 155072<br/>AIM number: 100275200</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type:<br/>SNF: 13<br/>SNF/NF: 102<br/>Residential: 14<br/>Total: 129</p> <p>Census payor type:<br/>Medicare: 16<br/>Medicaid: 71<br/>Other: 42<br/>Total: 129</p> <p>Sample: 3</p> <p>These deficiencies also reflect state</p> |  |  | F0000   | <p>The creation and submission of this Plan of Correction does not constitute an admission by the provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Review on or after November 28, 2011. THIS FACILITY RESPECTFULLY REQUESTS A DESK REVIEW IN LIEU OF AN ONSITE POST SURVEY REVISIT. THANK YOU.</p> |  |                            |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F0425<br>SS=D   | <p>findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 11/7/11<br/>Cathy Emswiller RN<br/>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on interview and record review, the facility failed to have a system of records of receipt and disposition of all controlled medications that account for all controlled medications and failed to periodic reconciliation of controlled medications including the frequency, method, by whom and pertinent documentation and failed to assure availability of pain medication for a recently resident resulting in the resident complaining of pain for 1 of 3 residents reviewed for medications in a sample of 3. [Resident</p> |  |  | F0425   | <p>It is the practice of this facility to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. Pharmaceutical Services-accurate procedures. What corrective action will be accomplished for those residents found to have been affected by the deficient practices: Resident # B no longer resides in this facility How other residents having the potential to be affected by the same deficient</p> |  | 11/28/2011                 |

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|   | <p>#B]</p> <p>Findings include:</p> <p>Resident #B closed clinical record was reviewed on 10/31/11 at 3:15 p.m. and indicated the resident was admitted to the facility on 08/12/11 and re-admitted on 08/30/11. Resident #B's diagnoses included, but were not limited to, right lower extremity fasciotomyic cadaveric skin graft, lung cancer, peripheral vascular disease, coronary artery disease, hypertension, hyperlipidemia, chronic pain, and gastroesophageal reflux disorder.</p> <p>Review of hospital records dated 08/09/11 indicated Resident #B had a complicated medical history. Resident #B had a left iliac artery stent in December 2007 and underwent a right femoral popliteal bypass graft in 2008 for claudication in his right lower extremity. In 2010, Resident #B was diagnosed with stage IV lung cancer and underwent chemotherapy. One month ago, Resident #B presented with an acute occlusion of the right fem-pop bypass graft and required emergency surgery with thrombectomy and endarterectomy. Resident #B was then over at a rehabilitation facility to rehabilitate from this when he developed symptoms consistent with compartment syndrome</p> |  |  |   | <p>practice will be identified and what corrective action will be taken: The medication administration record and narcotic control sheet will be audited for all residents receiving scheduled narcotic pain medication by nurse management. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Inservice/education provided for licensed nursing staff by DNS/ADNS and Pharmakon by 11/23/11: Policy and Procedure for ordering medications, use of the EDK for initial doses, medication administration and documentation, narcotic sign out procedure, filing completed narcotic control sheets in the resident record. The on-coming and off-going nurse will review the narcotic control sheet for each resident receiving scheduled narcotic pain medication to ensure medications were given as ordered. The narcotic count binder was divided into 2 sections. One section labeled scheduled narcotics and one section labeled PRN narcotics. The resident narcotic control sheets will be placed under the appropriate section to assist in identifying those residents receiving scheduled narcotic pain medications. DNS/Designee will monitor to ensure the narcotic</p> |  |                            |

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|   | <p>and was taken back to the operating room where the resident underwent fasciotomy with cadaveric skin grafting of the right lower extremity. There did appear to be some necrotic muscle in the area, and he developed a gangrenous toe and heel over the last couple weeks.</p> <p>Review of a Discharge Summary from the hospital dated 08/12/11 indicated the resident's current medication list included, but was not limited to, oxycodone [narcotic pain medication] 20 mg [milligrams] - take one [1] tab by mouth 3 times daily for 14 days with the next scheduled dose to be given on 8/12/11 at 10 p.m.; hydrocodone-acetaminophen (Norco) 10-325 mg per tablets - take 1-2 tabs by mouth every 4 hours as needed for pain.; and acetaminophen 650 mg CR - take 1 tab by mouth every 4 hours as needed for pain and fever.</p> <p>Review of the Physician Telephone Orders dated 08/12/11 indicated, "Norco 5/325 mg ii [2] po [by mouth] q [every] 4 hrs [hours] prn [as needed]. May use until Norco 10/325 mg arrives then DC [discontinue]."</p> <p>The Medication Administration Record [MAR] for the oxycontin 20 mg CR 1 tab by mouth 3 times for 14 days indicated it was started on 08/12/11 at 10 p.m. and</p> |  |                     | <p>control sheets are reviewed at the beginning and end of each shift by the oncoming/off going nurse. Medications not available will be ordered by the DNS/Designee upon notification by charge nurse. How the corrective action will be monitored to ensure the deficient practice will not recur: The DNS or designee will audit the narcotic pain control sheets to ensure all scheduled and prn narcotic pain medications were given and signed out on each individual sheet correctly. Scheduled and PRN pain medication orders will be reviewed and the medication cart will be audited to verify the medication is available and reconciled. Audit 3X/week times 1 month, then 2X/week times 1 month, then 1X/week times 1 month, 2X/month times 3 months. Results of audits will be discussed at the monthly CQI meeting and action plans developed if needed. By what date the systemic changes will be completed: November 28, 2011</p> |  |  |  |

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|   | <p>then stopped on 08/19/11. The times scheduled were 6 a.m., 2 p.m., and 10 p.m. for the 3 doses per day. There was no narcotic sheet sign sheet for 08/12/11 - 08/16/11 [ for the first doses given]. The MAR indicated the resident received his oxycodone 20 mg CR 1 tab by mouth 3 times a day times 14 days on 08/30/11-08/31/11. The resident was sent out to the hospital on 08/20/11 and returned on 08/30/11.</p> <p>The September 2011 MAR indicated the oxycontin was given 3 times a day from 09/01/11 - 09/13/11 and from 09/24/11 - 09/31/11 [with 2 doses initialed as given on the 31st when there is only 30 days in September].</p> <p>The narcotic sheet indicated oxycontin was given on 08/16/11 at 10 p.m. - 08/18/11 at 6 a.m., then from 08/30/11 - 09/03/11 [where only 2 doses given, then 09/03/11 - 09/08/11 where only the 6 a.m. dose was given, then a new narcotic sheet starts with date of 09/09/11 at 2 p.m., 09/10/11 and 09/11/11 with only 2 doses given, then 09/12/11 - 09/13/11 with 3 doses given each day, then skips to 09/16/11 with only 2 doses given, then 09/17/11 - 09/18/11 with all 3 doses given each day, then on 09/19/11, only 2 doses given, then 09/20/11 - 09/23/11 all 3 doses given each day. Several doses were</p> |  |  |   |  |  |                            |

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|   | <p>missed or not signed out on the narcotic sheets.</p> <p>The closed clinical record indicated on the August 2011 MAR Norco 10/325 mg 1 by mouth every 4 hours as needed [prn] medication was given on 08/13/11 3 times, on 08/14/11 2 times, and on 08/15/11 2 times. The Norco 10/325 mg 2 by mouth every 4 hours prn was initialed as given on the August MAR as given on 08/13/11 1 time, 08/14/11 2 times, 08/15/11 2 times, 08/16/11 and 08/17/11 given 1 time, and on 08/18/11 given 3 times. The narcotic sign off sheets for Norco was missing for August 2011.</p> <p>Review of Physician's Telephone Orders dated 08/16/11 a new order was written for Norco 5/325 mg 1 by mouth at 10 a.m. and 5 p.m. routinely and continue prn [as needed] orders as written.</p> <p>The MAR indicated this order was not given as the MAR was initialed and circled for dates of 08/16/11 - 08/18/11 and indicated it was unavailable.</p> <p>The closed clinical record lacked any narcotic sign out sheets for Norco 10/325 mg for August 2011.</p> <p>There was a narcotic sign out sheet for the</p> |  |  |   |  |  |                            |

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|   | <p>Norco 5/325 mg twice at day at 10 a.m. and 5 p.m. which started on 09/03/11 which was given at 8 a.m., 12 p.m., 3 p.m., on 09/05/11 it was given at 10 a.m., on 09/15/11 given at 1 p.m., and on 09/16/11, given at 3 a.m..</p> <p>The Director of Nursing went through the closed clinical record of Resident #B and was unable to find the missing narcotic sign out sheets for oxycontin and norco for August 2011 and indicated during interview on 11/01/11 at 3 p.m. the sheets could not be located and the sign out sheets that were available was difficult to follow.</p> <p>Review of the facility's policy on Administration Procedures dated 05/2009 indicated, "Controlled medications will be filled when specifically ordered by the nursing staff. All controlled medication will be dispensed by the pharmacy in a punch card. A control log will accompany the controlled medications. Each time a controlled medication is dispensed by the nurse, the nurse will sign the medication out on the control log. Federal and state laws require that each controlled medication is accounted for. The control log is a part of the resident's permanent clinical record. All controlled medications are to be kept under double lock at all times."</p> |  |  |   |  |  |                            |

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| F0431<br>SS=D   | <p>This deficiency relates to Complaint IN00097472.</p> <p>3.1-25(e)(2)<br/>3.1-25(e)(3)</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on interview and record review, the</p> | F0431  | It is the policy of this facility to   | 11/28/2011                 |  |



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|   | <p>facility failed to maintain records and account for receipt, usage, disposition, and reconciliation of controlled medications for 1 of 3 residents reviewed for medications in a sample of 3.<br/>[Resident #B]</p> <p>Findings include:</p> <p>Resident #B closed clinical record was reviewed on 10/31/11 at 3:15 p.m. and indicated the resident was admitted to the facility on 08/12/11 and re-admitted on 08/30/11. Resident #B's diagnoses included, but were not limited to, right lower extremity fasciotomyic cadaveric skin graft, lung cancer, peripheral vascular disease, coronary artery disease, hypertension, hyperlipidemia, chronic pain, and gastroesophageal reflux disorder.</p> <p>Review of hospital records dated 08/09/11 indicated Resident #B had a complicated medical history. Resident #B had a left iliac artery stent in December 2007 and underwent a right femoral popliteal bypass graft in 2008 for claudication in his right lower extremity. In 2010, Resident #B was diagnosed with stage IV lung cancer and underwent chemotherapy. One month ago, Resident #B presented with an acute occlusion of the right fem-pop bypass graft and required emergency surgery with</p> |  |                     | <p>label drugs and biological in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. Drug records, label, store drugs and biological: Drug records, label, store drugs and biological: What corrective action will be accomplished for those residents found to have been affected by the deficient practices: Resident # B no longer resides in this facility How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: The medication administration record and narcotic control sheet will be audited for all residents receiving scheduled narcotic pain medication by nurse management. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Inservice/education provided for licensed nursing staff by DNS/ADNS and Pharmakon by 11/23/11: Policy and Procedure for ordering medications, use of the EDK for initial doses, medication administration and documentation, narcotic sign out procedure, filing completed narcotic control sheets in the resident record. The on-coming and off-going nurse will review</p> |  |  |  |

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|   | <p>thrombectomy and endarterectomy.<br/>Resident #B was then over at a rehabilitation facility to rehabilitate from this when he developed symptoms consistent with compartment syndrome and was taken back to the operating room where the resident underwent fasciotomy with cadaveric skin grafting of the right lower extremity. There did appear to be some necrotic muscle in the area, and he developed a gangrenous toe and heel over the last couple weeks.</p> <p>Review of a Discharge Summary from the hospital dated 08/12/11 indicated the resident's current medication list included, but was not limited to, oxycodone [narcotic pain medication] 20 mg [milligrams] - take one [1] tab by mouth 3 times daily for 14 days with the next scheduled dose to be given on 8/12/11 at 10 p.m.; hydrocodone-acetaminophen (Norco) 10-325 mg per tablets - take 1-2 tabs by mouth every 4 hours as needed for pain.; and acetaminophen 650 mg CR - take 1 tab by mouth every 4 hours as needed for pain and fever.</p> <p>Review of the Physician Telephone Orders dated 08/12/11 indicated, "Norco 5/325 mg ii [2] po [by mouth] q [every] 4 hrs [hours] prn [as needed]. May use until Norco 10/325 mg arrives then DC [discontinue]."</p> |  |  |   | <p>the narcotic control sheet for each resident receiving scheduled narcotic pain medication to ensure medications were given as ordered. The narcotic count binder was divided into 2 sections. One section labeled scheduled narcotics and one section labeled PRN narcotics. The resident narcotic control sheets will be placed under the appropriate section to assist in identifying those residents receiving scheduled narcotic pain medications. DNS/Designee will monitor to ensure the narcotic control sheets are reviewed at the beginning and end of each shift by the oncoming/off going nurse. Medications not available will be ordered by the DNS/Designee upon notification by charge nurse. How the corrective action will be monitored to ensure the deficient practice will not recur: The DNS or designee will audit the narcotic pain control sheets to ensure all scheduled and prn narcotic pain medications were given and signed out on each individual sheet correctly. Scheduled and PRN pain medication orders will be reviewed and the medication cart will be audited to verify the medication is available and reconciled. Audit 3X/week times 1 month, then 2X/week times 1 month, then 1X/week times 1 month, 2X/month times 3 months. Results of audits will be</p> |  |                            |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2011

FORM APPROVED

OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION     |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>155072 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____                    |   | X3) DATE SURVEY<br>COMPLETED<br>11/01/2011 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>BEECH GROVE MEADOWS |  |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2002 ALBANY ST<br>BEECH GROVE, IN46107 |   |  |                            |
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|   | <p>The Medication Administration Record [MAR] for the oxycontin 20 mg CR 1 tab by mouth 3 times for 14 days indicated it was started on 08/12/11 at 10 p.m. and then stopped on 08/19/11. The times scheduled were 6 a.m., 2 p.m., and 10 p.m. for the 3 doses per day. There was no narcotic sheet sign sheet for 08/12/11 - 08/16/11 [for the first doses given]. The MAR indicated the resident received his oxycodone 20 mg CR 1 tab by mouth 3 times a day times 14 days on 08/30/11-08/31/11. The resident was sent out to the hospital on 08/20/11 and returned on 08/30/11.</p> <p>The September 2011 MAR indicated the oxycontin was given 3 times a day from 09/01/11 - 09/13/11 and from 09/24/11 - 09/31/11 [with 2 doses initialed as given on the 31st when there is only 30 days in September].</p> <p>The narcotic sheet indicated oxycontin was given on 08/16/11 at 10 p.m. - 08/18/11 at 6 a.m., then from 08/30/11 - 09/03/11 [where only 2 doses given, then 09/03/11 - 09/08/11 where only the 6 a.m. dose was given, then a new narcotic sheet starts with date of 09/09/11 at 2 p.m., 09/10/11 and 09/11/11 with only 2 doses given, then 09/12/11 - 09/13/11 with 3 doses given each day, then skips to</p> |  |  |   | discussed at the monthly CQI meeting and action plans developed if needed. By what date the systemic changes will be completed: November 28, 2011 |  |                            |

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|   | <p>09/16/11 with only 2 doses given, then 09/17/11 - 09/18/11 with all 3 doses given each day, then on 09/19/11, only 2 doses given, then 09/20/11 - 09/23/11 all 3 doses given each day. Several doses were missed or not signed out on the narcotic sheets.</p> <p>The closed clinical record indicated on the August 2011 MAR Norco 10/325 mg 1 by mouth every 4 hours as needed [prn] medication was given on 08/13/11 3 times, on 08/14/11 2 times, and on 08/15/11 2 times. The Norco 10/325 mg 2 by mouth every 4 hours prn was initialed as given on the August MAR as given on 08/13/11 1 time, 08/14/11 2 times, 08/15/11 2 times, 08/16/11 and 08/17/11 given 1 time, and on 08/18/11 given 3 times. The narcotic sign off sheets for Norco was missing for August 2011.</p> <p>Review of Physician's Telephone Orders dated 08/16/11 a new order was written for Norco 5/325 mg 1 by mouth at 10 a.m. and 5 p.m. routinely and continue prn [as needed] orders as written.</p> <p>The MAR indicated this order was not given as the MAR was initialed and circled for dates of 08/16/11 - 08/18/11 and indicated it was unavailable.</p> |  |  |   |  |  |                            |

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|   | <p>The closed clinical record lacked any narcotic sign out sheets for Norco 10/325 mg for August 2011.</p> <p>There was a narcotic sign out sheet for the Norco 5/325 mg twice at day at 10 a.m. and 5 p.m. which started on 09/03/11 which was given at 8 a.m., 12 p.m., 3 p.m., on 09/05/11 it was given at 10 a.m., on 09/15/11 given at 1 p.m., and on 09/16/11, given at 3 a.m..</p> <p>The Director of Nursing went through the closed clinical record of Resident #B and was unable to find the missing narcotic sign out sheets for oxycontin and norco for August 2011 and indicated during interview on 11/01/11 at 3 p.m. the sheets could not be located and the sign out sheets that were available was difficult to follow.</p> <p>Review of the facility's policy on Administration Procedures dated 05/2009 indicated, "Controlled medications will be filled when specifically ordered by the nursing staff. All controlled medication will be dispensed by the pharmacy in a punch card. A control log will accompany the controlled medications. Each time a controlled medication is dispensed by the nurse, the nurse will sign the medication out on the control log. Federal and state laws require that each</p> |  |  |   |  |  |                            |

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| F0514<br>SS=D   | <p>controlled medication is accounted for. The control log is a part of the resident's permanent clinical record. All controlled medications are to be kept under double lock at all times."</p> <p>This deficiency relates to Complaint IN00097472.</p> <p>3.1-25(n)</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview, and record review, the facility failed to have maintained completed, organized, and accurately documented clinical records and failed to have narcotic flow sheets readily accessible for 1 of 3 residents reviewed for medication records in a sample of 3. [Resident #B]</p> <p>Findings include:</p> <p>Resident #B closed clinical record was reviewed on 10/31/11 at 3:15 p.m. and</p> |  |  | F0514   | <p>It is the policy of this facility to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress</p> |  | 11/28/2011                 |

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|   | <p>indicated the resident was admitted to the facility on 08/12/11 and re-admitted on 08/30/11. Resident #B's diagnoses included, but were not limited to, right lower extremity fasciotomy/cadaveric skin graft, lung cancer, peripheral vascular disease, coronary artery disease, hypertension, hyperlipidemia, chronic pain, and gastroesophageal reflux disorder.</p> <p>Review of hospital records dated 08/09/11 indicated Resident #B had a complicated medical history. Resident #B had a left iliac artery stent in December 2007 and underwent a right femoral popliteal bypass graft in 2008 for claudication in his right lower extremity. In 2010, Resident #B was diagnosed with stage IV lung cancer and underwent chemotherapy. One month ago, Resident #B presented with an acute occlusion of the right fem-pop bypass graft and required emergency surgery with thrombectomy and endarterectomy. Resident #B was then over at a rehabilitation facility to rehabilitate from this when he developed symptoms consistent with compartment syndrome and was taken back to the operating room where the resident underwent fasciotomy with cadaveric skin grafting of the right lower extremity. There did appear to be some necrotic muscle in the area, and he developed a gangrenous toe and heel over</p> |  |  |   | <p>notes. Resident Records – Complete/accurate/accessible. What corrective action will be accomplished for those residents found to have been affected by the deficient practices: Resident #B no longer resides in this facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: The medication administration record and narcotic control sheet will be audited for all residents receiving scheduled narcotic pain medication. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: In-service/education provided for licensed nursing staff by DNS/ADNS and Pharmakon by 11/23/11: Policy and Procedure for ordering medications, use of the EDK for initial doses, medication administration and documentation, narcotic sign out procedure, filing completed narcotic control sheets in the resident record. The on-coming and off-going nurse will review the narcotic control sheet for each resident receiving scheduled narcotic pain medication to ensure medications were given as ordered. The narcotic count binder was divided into 2 sections. One section labeled scheduled narcotics and one section labeled PRN</p> |  |                            |

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|   | <p>the last couple weeks.</p> <p>Review of a Discharge Summary from the hospital dated 08/12/11 indicated the resident's current medication list included, but was not limited to, oxycodone [narcotic pain medication] 20 mg [milligrams] - take one [1] tab by mouth 3 times daily for 14 days with the next scheduled dose to be given on 8/12/11 at 10 p.m.; hydrocodone-acetaminophen (Norco) 10-325 mg per tablets - take 1-2 tabs by mouth every 4 hours as needed for pain.; and acetaminophen 650 mg CR - take 1 tab by mouth every 4 hours as needed for pain and fever.</p> <p>Review of the Physician Telephone Orders dated 08/12/11 indicated, "Norco 5/325 mg ii [2] po [by mouth] q [every] 4 hrs [hours] prn [as needed]. May use until Norco 10/325 mg arrives then DC [discontinue]."</p> <p>The Medication Administration Record [MAR] for the oxycontin 20 mg CR 1 tab by mouth 3 times for 14 days indicated it was started on 08/12/11 at 10 p.m. and then stopped on 08/19/11. The times scheduled were 6 a.m., 2 p.m., and 10 p.m. for the 3 doses per day. There was no narcotic sheet sign sheet for 08/12/11 - 08/16/11 [ for the first doses given]. The MAR indicated the resident received his</p> |  | <p>narcotics. The resident narcotic control sheets will be placed under the appropriate section to assist in identifying those residents receiving scheduled narcotic pain medications. DNS/Designee will monitor to ensure the narcotic control sheets are reviewed at the beginning and end of each shift by the oncoming/off going nurse. Medications not available will be ordered by the DNS/Designee upon notification by charge nurse. How the corrective action will be monitored to ensure the deficient practice will not recur: The DNS or designee will audit the narcotic pain control sheets to ensure all scheduled and prn narcotic pain medications were given and signed out on each individual sheet correctly. Scheduled and PRN pain medication orders will be reviewed and the medication cart will be audited to verify the medication is available and reconciled. Audit 3X/week times 1 month, then 2X/week times 1 month, then 1X/week times 1 month, 2X/month times 3 months. Results of audits will be discussed at the monthly CQI meeting and action plans developed if needed. By what date the systemic changes will be completed: November 28, 2011</p> |                            |  |



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|   | <p>oxycodone 20 mg CR 1 tab by mouth 3 times a day times 14 days on 08/30/11-08/31/11. The resident was sent out to the hospital on 08/20/11 and returned on 08/30/11.</p> <p>The September 2011 MAR indicated the oxycontin was given 3 times a day from 09/01/11 - 09/13/11 and from 09/24/11 - 09/31/11 [with 2 doses initialed as given on the 31st when there is only 30 days in September].</p> <p>The narcotic sheet indicated oxycontin was given on 08/16/11 at 10 p.m. - 08/18/11 at 6 a.m., then from 08/30/11 - 09/03/11 [where only 2 doses given, then 09/03/11 - 09/08/11 where only the 6 a.m. dose was given, then a new narcotic sheet starts with date of 09/09/11 at 2 p.m., 09/10/11 and 09/11/11 with only 2 doses given, then 09/12/11 - 09/13/11 with 3 doses given each day, then skips to 09/16/11 with only 2 doses given, then 09/17/11 - 09/18/11 with all 3 doses given each day, then on 09/19/11, only 2 doses given, then 09/20/11 - 09/23/11 all 3 doses given each day. Several doses were missed or not signed out on the narcotic sheets.</p> <p>The closed clinical record indicated on the August 2011 MAR Norco 10/325 mg 1 by mouth every 4 hours as needed [prn]</p> |  |  |   |  |  |                            |

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|   | <p>medication was given on 08/13/11 3 times, on 08/14/11 2 times, and on 08/15/11 2 times. The Norco 10/325 mg 2 by mouth every 4 hours prn was initialed as given on the August MAR as given on 08/13/11 1 time, 08/14/11 2 times, 08/15/11 2 times, 08/16/11 and 08/17/11 given 1 time, and on 08/18/11 given 3 times. The narcotic sign off sheets for Norco was missing for August 2011.</p> <p>Review of Physician's Telephone Orders dated 08/16/11 a new order was written for Norco 5/325 mg 1 by mouth at 10 a.m. and 5 p.m. routinely and continue prn [as needed] orders as written.</p> <p>The MAR indicated this order was not given as the MAR was initialed and circled for dates of 08/16/11 - 08/18/11 and indicated it was unavailable.</p> <p>The closed clinical record lacked any narcotic sign out sheets for Norco 10/325 mg for August 2011.</p> <p>There was a narcotic sign out sheet for the Norco 5/325 mg twice at day at 10 a.m. and 5 p.m. which started on 09/03/11 which was given at 8 a.m., 12 p.m., 3 p.m., on 09/05/11 it was given at 10 a.m., on 09/15/11 given at 1 p.m., and on 09/16/11, given at 3 a.m..</p> |  |  |   |  |  |                            |

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|   | <p>The Director of Nursing went through the closed clinical record of Resident #B and was unable to find the missing narcotic sign out sheets for oxycontin and norco for August 2011 and indicated during interview on 11/01/11 at 3 p.m. the sheets could not be located and the sign out sheets that were available was difficult to follow.</p> <p>Review of the facility's policy on Administration Procedures dated 05/2009 indicated, "Controlled medications will be filled when specifically ordered by the nursing staff. All controlled medication will be dispensed by the pharmacy in a punch card. A control log will accompany the controlled medications. Each time a controlled medication is dispensed by the nurse, the nurse will sign the medication out on the control log. Federal and state laws require that each controlled medication is accounted for. The control log is a part of the resident's permanent clinical record. All controlled medications are to be kept under double lock at all times."</p> <p>This deficiency relates to Complaint IN00097472.</p> <p>3.1-50(a)(1)<br/>3.1-50(a)(2)</p> |  |  |   |  |  |                            |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION     |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>155072 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____   |                            | X3) DATE SURVEY<br>COMPLETED<br>11/01/2011 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BEECH GROVE MEADOWS |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2002 ALBANY ST<br>BEECH GROVE, IN46107  |                            |  |
| (X4) ID<br>PREFIX<br>TAG                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |  |
|   | 3.1-50(a)(3)<br>3.1-50(a)(4)   |  |  |                            |  |